

MAY 8 1940

State File No.

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 793

1. PLACE OF DEATH:

(a) County ST. LOUIS
 (b) City or town WEBSTER GROVES
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
132 Hammel Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 20 YEARS. (Specify whether years, months or days) 514

3. (a) PRINT FULL NAME MARY ELIZABETH CAMPBELL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife FRANK CAMPBELL 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOV. 19 - 1861
 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace WATERLOO ILLINOIS
 (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name WILLIAM PFANNEBECKER

13. Birthplace GERMANY
 (City, town, or county) (State or foreign country)

14. Maiden name KATHERINE WISSMATH

15. Birthplace GERMANY
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nora Snyder

(b) Address 132 HAMMEL AVE.

17. (a) BURIAL (b) Date thereof 4-25-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker and Co

(b) Address Webster Groves Mo

19. (a) APR 23 1940 (b) A R Muehlbauer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
 (c) City or town WEBSTER GROVES
 (If outside city or town limits, write "RURAL")
 (d) Street No. 132 HAMMEL
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
 year 1940 hour one minute 0 M.

21. I hereby certify that I attended the deceased from July 23rd, 1924, to April 22, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis Duration 6 wks
Chronic Hypertensive Nephritis
Chronic
 Due to arterio sclerosis

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations no Of autopsy no
131

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R B Embmann (M. D. certifier)
 Address 162 E. Webster Groves Date signed 4/23/40

PHYSICIAN
 Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed bb Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.